

California Department of Mental Health

Draft Recommendations to DMH from the Suicide Prevention Plan Advisory Committee (SPPAC)

Presentation to the Mental Health Services
Oversight and Accountability Commission
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Purpose of this Agenda Item

- Briefly review SPPAC recommendations
- Receive OAC input on Strategic Directions and Recommended Actions (Part 3)
- Review and discuss priorities for the first phase of implementation (Next Steps, Part 4) and implications for the State-administered PEI Suicide Prevention Project

Background and Directive

Governor's Directive (September 2006)

- Directed the Health & Human Services Agency and the DMH to administratively develop a statewide strategic plan on suicide prevention (veto message, SB 1356, Lowenthal)
- The plan to be informed by constituency groups and state and local agencies
 - Formation of Suicide Prevention Plan Advisory Committee (SPPAC)
- The plan due to the Governor by May 1, 2008

Suicide Prevention Plan Advisory Committee (SPPAC)

Membership includes:

- Consumers of mental health services
- Family members of consumers
- County mental health
- Law enforcement
- Mental health and health providers
- Researchers
- Advocates
- State agencies
- Others with expertise and/or experience in suicide prevention

Enhancements from September 2007 Version

- Parts 1 and 2 provide background on suicide and suicide prevention
 - Research based, model programs
- Part 3 presents Strategic Directions and Recommendations Actions
- Reorganized, but with content intact
- Emphasis on core principles
- Clarity about State and Local activities
- Part 4 outlines Next Steps

SPPAC Core Principles (Pages 39-40)

- Implement culturally competent strategies and programs that reduce disparities
- Eliminate barriers and increase outreach and access to services
- Meaningfully involve survivors of suicide and family members, friends, and caregivers, and representatives of target populations for planning and services
- Use evidence-based models to strengthen program effectiveness and build upon existing effective programs
- Broaden the spectrum of partners involved in a comprehensive system of suicide prevention

Strategic Directions

- SD 1: Create a System of Suicide Prevention
- SD 2: Implement Training and Workforce Enhancements to Prevent Suicide
- SD 3: Educate Communities to Take Action to Prevent Suicide
- SD 4: Improve Suicide Prevention Program Effectiveness and System Accountability

Part 4 (pages 49-52)

- SPPAC identified priorities that guided development of a list of "Next Steps" for the initial implementation phase
- "Next Steps" include activities for possible MHSA funding but also for funding and implementation beyond MHSA

SD 1: Create a System of Suicide Prevention (page 50)

Organization and Infrastructure

Create a statewide Office of Suicide Prevention

- A. Establish and provide support for county level advisory councils
- B. Appoint and coordinate among county liaisons
- Survey training and technical assistance needs of the counties
- Monitor and report local activities

SD 1: Create a System of Suicide Prevention (pages 50-51)

Expand venues for suicide prevention assistance

- Establish a statewide consortium of accredited suicide prevention crisis lines
- F. Enhance the database for monitoring, tracking, evaluating, and reporting suicide prevention crisis line calls
- G. Explore and support additional functions for accredited suicide prevention crisis lines
- Research and invest in additional venues and formats for expanding service access
- Develop and maintain a website for the Office of Suicide Prevention

SD 1: Create a System of Suicide Prevention (page 51)

Statewide system improvements

- J. Consortium of state-level organizations to address the integration of effective suicide prevention programs into existing service systems
- K. Action plan that assesses the current level of activities, identifies short and long term objectives, and monitors progress

SD 2: Implement Training and Workforce Enhancements to Prevent Suicide (page 51)

Training and Workforce Enhancements

- A. Assess current criteria and standards for service and training guidelines
- B. Identify opportunities for training program enhancements and implement needed improvements
- C. Recommend, develop and promote standard service and training guidelines for targeted providers
- D. Identify barriers and provide support and technical assistance to address challenges

SD 3: Educate Communities to Take Action to Prevent Suicide (page 52)

Social Marketing Campaign

- A. Develop and implement a multi-faceted, multilanguage campaign
- B. Obtain social marketing expert consultation to design and launch the suicide prevention campaign
- C. Develop a rigorous evaluation component to track and monitor the statewide effort

SD 4: Improve Suicide Prevention Program Effectiveness and System Accountability (page 52)

Surveillance, Research, and Evaluation

- A. Develop a California-specific research agenda on suicide and suicide prevention
- B. Work to improve the collection and reporting of data and the system for surveillance
- C. Establish a system for monitoring and tracking national, state, and local policy changes and system improvements
- Develop and issue data reports on special topics/specific target populations
- E. Periodically review progress and reassess direction

MHSA PEI State-Administered Project on Suicide Prevention

- \$14 million annually for 4 years in MHSA funds have been set aside for State-administered suicide prevention activities
- \$4 million per year already directed to the Student Mental Health Initiative (SMHI)
- Funding priorities to be determined for remaining \$10 million per year



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